

consideration of the information during the 30-day review period.

This notice is issued under the Federal Food, Drug, and Cosmetic Act (sec. 802 (21 U.S.C. 382)) and under authority delegated to the Commissioner of Food and Drugs (21 CFR 5.10) and redelegated to the Center for Drug Evaluation and Research (21 CFR 5.44).

Dated: April 4, 1995.

Betty L. Jones,

Acting Deputy Director, Office of Compliance, Center for Drug Evaluation and Research.

[FR Doc. 95-9283 Filed 4-13-95; 8:45 am]

BILLING CODE 4160-01-F

Health Resources and Services Administration

Final Minimum Percentages for "High Rate" and "Significant Increase in the Rate" for Implementation of the General Statutory Funding Preference for Grants for Podiatric Primary Care Residency Training Programs

The Health Resources and Services Administration (HRSA) announces the final minimum percentages for "high rate" and "significant increase in the rate" for fiscal year (FY) 1995 Grants for Podiatric Primary Care Residency Training Programs under the authority of section 751, title VII of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102-408, dated October 13, 1992.

Purpose

Section 751 authorizes the award of grants for the purpose of planning and implementing projects in primary care training for podiatric physicians in approved or provisionally approved residency programs which shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

Eligibility

Eligible entities for this program are schools of podiatric medicine and public and nonprofit private hospitals. As noted above, the authorizing legislation limits eligibility to residency programs that are approved or provisionally approved. The Council on Podiatric Medical Education (CPME), the recognized accrediting body for podiatric medicine, uses the term "candidate status" in lieu of "provisional approval." For the purposes of this program "candidate status" will be accepted as meeting the statutory requirement for "provisional approval."

General Statutory Funding Preference

As provided in section 791(a) of the PHS Act, preference will be given to qualified applicants that:

- (1) have a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or
- (2) have achieved, during the 2-year period preceding the fiscal year for which an award is sought, a significant increase in the rate of placing graduates in such settings.

This preference will only be applied to applications that rank above the 20th percentile of proposals recommended for approval by the peer review group.

The minimum percentages for "high rate" and "significant increase in the rate" for the implementation of the general statutory funding preference were proposed for public comment in the Federal Register on December 13, 1994 at 59 FR 64208. No comments were received during the 30-day comment period. Therefore, the minimum percentages for "high rate" and "significant increase in the rate" for the implementation of the general statutory funding preference will be retained as proposed.

Final Minimum Percentages for "High Rate" and "Significant Increase in the Rate" for the Implementation of the General Statutory Funding Preference

"High rate" is defined as a minimum of 25 percent of the combined Podiatric Primary Care Residency graduates in academic years 1991-92, 1992-93 and 1993-94, who spend at least 50 percent of their worktime in clinical practice in medically underserved communities.

"Significant increase in the rate" means that, between academic years 1992-93 and 1993-94, the rate of placing graduates in medically underserved communities has increased by at least 50 percent and that not less than 15 percent of graduates from the most recent year are working in medically underserved communities.

Additional Information

Requests for technical or programmatic information should be directed to: Ms. Martha Evans, Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-20, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-3614, FAX (301) 443-8890.

This program, Grants for Podiatric Primary Care Residency Training Programs, is listed at 93.181 in the *Catalog of Federal Domestic Assistance*.

It is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: April 7, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95-9284 Filed 4-13-95; 8:45 am]

BILLING CODE 4160-15-P

Final Minimum Percentages for "High Rate" and "Significant Increase in the Rate" for Implementation of the General Statutory Funding Preference for Grants for Residency Training in Preventive Medicine for Fiscal Year 1995

The Health Resources and Services Administration (HRSA) announces the final minimum percentages for "high rate" and "significant increase in the rate" for implementation of the general statutory funding preference for fiscal year (FY) 1995 Grants for Residency Training in Preventive Medicine under the authority of section 763, title VII of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102-408, dated October 13, 1992.

Purpose

Section 763 of the Public Health Service Act authorizes the Secretary to make grants to meet the costs of projects—

- (1) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health; and

- (2) to provide financial assistance to residency trainees enrolled in such programs.

This program is limited to residency training programs in preventive medicine.

Eligibility

To be eligible for a Grant for Residency Training in Preventive Medicine, the applicant must be an accredited public or private nonprofit school of allopathic or osteopathic medicine or a school of public health located in a State. Also, an applicant must demonstrate that it has, or will have by the end of 1 year of grant support, full-time faculty with training and experience in the fields of preventive medicine and support from other faculty members trained in public health and other relevant specialties and

disciplines. To receive support, programs must meet the requirements of regulations as set forth in 42 CFR part 57, subpart EE.

Statutory Funding Preference

As provided in section 791(a) of the PHS Act, preference will be given to qualified applicants that

- (1) have a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or
- (2) have achieved, during the 2-year period preceding the fiscal year for which an award is sought, a significant increase in the rate of placing graduates in such settings.

This preference will only be applied to applications that rank above the 20th percentile of proposals recommended for approval by the peer review group.

Final Minimum Percentages for "High Rate" and "Significant Increase in the Rate"

The program announcement, published in the Federal Register at 60 FR 4423 on January 23, 1995, proposed minimum percentages for "high rate" and "significant increase in the rate" for implementation of the general statutory funding preference for this program. No comments were received during the 30 day comment period. Therefore, the minimum percentages remain as proposed.

"High rate" is defined as a minimum of 25 percent of graduates in academic year 1992-93 or academic year 1993-94, whichever is greater, who spend at least 50 percent of their worktime in clinical

practice in the specified settings. Graduates who are providing care in a medically underserved community as a part of a fellowship or other educational experience can be counted.

"Significant increase in the rate" means that, between academic years 1992-93 and 1993-94, the rate of placing graduates in the specified settings has increased by a minimum of 50 percent and that not less than 15 percent of graduates from the most recent years are working in these settings.

Additional Information

If additional programmatic information is needed, please contact: D.W. Chen, M.D., M.P.H., Division of Associated, Dental, and Public Health Professions, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8C-09, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone : (301) 443-6896, Fax: (301) 443-1164.

This program, Grants for Residency Training in Preventive Medicine, is listed at 93.117 in the *Catalog of Federal Domestic Assistance*. It is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: April 7, 1995.
Ciro V. Sumaya,
Administrator.
[FR Doc. 95-9285 Filed 4-13-95; 8:45 am]
BILLING CODE 4160-15-P

Office of Inspector General

Program Exclusions: March 1995

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of March 1995, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, Maternal and Child Health Services Block Grant and Block Grants to States for Social Services programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all other Federal non-procurement programs.

Subject, city, state	Effective date
PROGRAM-RELATED CONVICTIONS	
ALDERETTE, MARY F, WICHITA FALLS, TX	04/05/95
AMMON, MICHAEL, PONTIAC, MI	04/11/95
ANG, ROSA, WESTBURY, NY	04/10/95
BAIRD, DAVID B JR, LANSDALE, PA	04/10/95
BAKER, DENISE, EATON, OH	04/11/95
BARINGER, JOEL A, PORTSMOUTH, OH	04/11/95
BELL, DOROTHY S, SENATOBIA, MS	04/11/95
BIELINSKI, JOHN, WEST SENECA, NY	04/10/95
BLAKLEY, GARY DONALD, PLANO, TX	04/05/95
CARR, IVORY A, RICHMOND HILL, NY	04/10/95
CHILDERS, LINDA, ATHENS, GA	04/11/95
CONSALVO, ANTHONY, NEW MILFORD, NJ	04/10/95
COOPER, ROBIN, HIRAM, GA	04/05/95
CRENSHAW FAMILY PRAC MED GROUP, LOS ANGELES, CA	04/09/95
DENTAL HEALTH CARE CLINICS INC, DETROIT, MI	04/11/95
DENTAL HEALTH CARE CLINICS INC, DETROIT, MI	04/11/95
DENTAL HEALTH CARE CLINICS INC, DEARBORN HEIGHTS, MI	04/11/95
EHRLICH, JOEL H, FORT COLLINS, CO	04/05/95
EWING, JEAN, CHURCHVILLE, NY	04/10/95
FANG, IRVING, CHERRY HILL, NJ	04/10/95
GIBBS, PAULA, ASHLAND CITY, TN	04/05/95
HIGHLAND, DAVID, ROCHELLE, IL	04/11/95
KIMANI, IQBAL B, METARIE, LA	04/10/95
LANE, LARRY JACKSON, GRAPEVINE, TX	04/05/95
LOVEJOY, CRYSTAL, RAPID CITY, SD	04/05/95